

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FTD-570)**

FORM FTD-570 107030015 FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER RE-ADJUSTMENT		AFTER RE-ADJUSTMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.			10			
TOTAL FEE	5		12			

FTD-1020 (2-70)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
U.S. DEPARTMENT OF COMMERCE
FEDERAL TRADE COMMISSION